

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Application Number</b></td> <td>10/566,886-Conf. #9182</td> </tr> <tr> <td><b>Filing Date</b></td> <td>February 1, 2006</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>David Neville</td> </tr> <tr> <td><b>Title</b></td> <td>METHODS FOR EXPRESSION AND PURIFICATION OF IMMUNOTOXIS</td> </tr> <tr> <td><b>Art Unit</b></td> <td>1633</td> </tr> <tr> <td><b>Examiner Name</b></td> <td>M. Marvich</td> </tr> <tr> <td><b>Attorney Docket No.</b></td> <td>84120(47992)</td> </tr> </table>	<b>Application Number</b>	10/566,886-Conf. #9182	<b>Filing Date</b>	February 1, 2006	<b>First Named Inventor</b>	David Neville	<b>Title</b>	METHODS FOR EXPRESSION AND PURIFICATION OF IMMUNOTOXIS	<b>Art Unit</b>	1633	<b>Examiner Name</b>	M. Marvich	<b>Attorney Docket No.</b>	84120(47992)
<b>Application Number</b>	10/566,886-Conf. #9182														
<b>Filing Date</b>	February 1, 2006														
<b>First Named Inventor</b>	David Neville														
<b>Title</b>	METHODS FOR EXPRESSION AND PURIFICATION OF IMMUNOTOXIS														
<b>Art Unit</b>	1633														
<b>Examiner Name</b>	M. Marvich														
<b>Attorney Docket No.</b>	84120(47992)														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

46037

**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:  
**OR**

☒ The address associated with Customer Number:

46037

**OR**

☒ Firm or Individual Name **Peter F. Corless  
EDWARDS ANGELL PALMER & DODGE LLP**

Address **P.O. Box 55874**

City <b>Boston</b>	State <b>MA</b>	Zip <b>02205</b>
Country <b>US</b>	Telephone <b>(617) 239-0100</b>	Email <b>pcorless@eapdlaw.com</b>

I am the:

☐ Applicant/Inventor.  
**OR**

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature <b>/Peter F. Corless/</b>	Date <b>September 14, 2009</b>
Name <b>Peter F. Corless</b>	Telephone <b>(617) 517-5557</b>
Title and Company <b>Attorney for Assignee</b>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.